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ON THE DISCOURSE OF NARRATIVE THERAPY PRACTICE FROM THE PERSPECTIVE OF PATRISTIC ANTHROPOLOGY

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Abstract
The aim of the article is to argue against a few problem aspects in narrative therapy practice from the perspective of Patristic anthropology.[1] The author focuses on several parallel issues in the practical implementation of the method, which gives an opportunity to discuss the methodology to solve essentially important conceptual issues. The assumption that merely replacing the dominant narrative with the more promising alternative can solve a client's crisis issue is put into doubt. The thesis common in classic narrative therapy that 'the problem is the problem [of the narrative], but the client is not the problem' (Differentiating the Client, 2024) is revisited. A simple replacement of the narrative may be a temporary solution, since it affects only the surface of the narrative, only the shell composed of a sequence of external events, but narrative therapy in its classic form as a long-term solution to the identity crisis fails.
KEY WORDS: narrative therapy, identity, externalisation, Patristic anthropology.

Anotacija
Straipsnio tikslas – iš patristinės antropologijos perspektyvos argumentuoti keletą naratyvinės terapijos praktikos probleminių aspektų. Autorius daugiausia dėmesio skiria keliems lygiagretiems praktinio metodo įgyvendinimo klausimams, tai leidžia aptarti metodologiją, kaip spręsti svarbias konceptualias problemas. Abejojama prielaida, kad vien dominuojančio naratyvo pakeitimas perspektyvesne galėtų išspręsti kliento krizinę problemą. Dar kartą peržiūrimas klasikinėje naratyvinėje terapijoje paplitęs teiginys, kad „problema yra [naratyvo] problema, bet klientas nėra problema". Elementarus naratyvo pakeitimas gali būti laikinas sprendimas, nes paveikia tik naratyvo paviršių, tik išorinių įvykių sekos apvalkalą, tačiau klasikinė naratyvinė terapija, kaip ilgalaikis tapatybės krizės sprendimas, nepasiteisina.
PAGRINDINIAI ŽODŽIAI: naratyvinė terapija, tapatybė, eksternalizacija, patristinė antropologija.
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[1] Patristic anthropology is based on Old Testament and New Testament texts applied and specified in the spiritual care practice during the Patristic period in the history of the Church, particularly in the east, in the second to the eighth centuries.

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Introduction

Narrative therapy is a widely used method in social work, and has been used little in Latvia, even though in Latvia (and perhaps in other countries) social work theory and practice are largely developing along the lines of administrative work, and social work theorists in Latvia express concern about such a further development of the profession.

The fact that the profession is broader and affects a person more broadly than just their ability to function socially is pointed out by M. Moors, the deputy chairman of the Board of the Latvian Association of Social Workers: 'In order to effectively solve social problems and solutions, innovative and creative solutions must be used that allow us to anticipate the escalation of problems and create sustainable changes.' In turn, 'the field of social work is one of the few that, since the beginning of the development of the profession, has not published in Latvian-language publications adapted to the Latvian situation and relevant to the theories used in social work, social work with cases and their use in practice' (Skrodele-Dubrovska, Muceniece, 2021). However, the situation is changing. The article appeals to the thesis that in conditions of limited financial and human resources, the activation of client resources used in this article is increasing in the social services (Lārmane, Moors, 2021; see also: Payne, 2005), which is openly realised in narrative therapy and Patristic anthropology.

The addition to classic narrative therapy suggested in the article is both theoretically significant and practically applicable, involving Church resources from both the West and the East in social work with clients.

1. Methodology

When applying the classic narrative therapy methodology, the question of the effectiveness of the method remains unanswered, which should be the main practical benefit when using it. The author offers a perspective from Patristic anthropology (elaborated between the second and the seventh century) as a basis for supplementing the classic narrative therapy methodology, while not dismantling its structure in principle. The practice of confession, strengthened in the experience of the Church, with subsequent absolution and Holy Communion, allows for the combination of several therapeutic motives: turning away from the old dominant narrative (which is confessed as 'sin'), the subsequent absolution (which prepares the person for the alternative narrative), and the 'enrichment of the alternative' defined in narrative therapy (which is completely left to the client without the therapist's intervention in its content).

Classic narrative therapy was born in a postmodern setting that views people's lives as being shaped by the stories (or narratives) they tell about themselves. The thesis has consequences. Postmodernity means implications of the notion of 'multiple selves' within personality which are socially constructed and presented by means of language (Epstein, 1995). But how to deal with that 'chorus' inside? Narrative therapy proposes a prescribed method: the replacement of the dominant narrative by an alternative. It is a chronological approach to human identity with clear undertones: the previous dominating narrative describes mistaken episodes with a degrading impact on the personality, and the new alternative paves the way to positive changes in the direction of life as a new resource once the old one has been exhausted. The author proposes the thesis that the postmodern change of narratives does not provide for durable results, and nominates the application of Patristic anthropology as a basis for therapy instead of postmodernity. The reason behind the application is the formal similarity of the therapy practice in narrative use, and the practice of repentance and confession as a Sacrament in the Church. They both anticipate rejection of the previous old flawed narrative and openness to a new alternative. The sacrament of penance in the Church goes beyond subjective recommendations uttered by a therapist, and guarantees freedom of choice without external impressions. In the Sacrament of penance, individuals receive forgiveness for sins committed after baptism, and are reconciled with God; it is an ever-present practice in the Christian church (Fr Barriger).

2. Therapy without a therapist

Narrative therapy as an offspring of the postmodern setting is a well-known fact. One of its postulates requires holding back from therapists' personal view on the client's life problems and challenges, with reference to the notion that 'the best expert on the client's life is the client himself' (Rogers, 1942). The separation of the client's identity from his or her narrative is another essential technique. However, the client-centered therapy, also referred to as non-directive (or Rogerian therapy, pioneered by Carl Rogers in the early 1940s) is based on the conviction that people are inherently motivated towards achieving positive psychological functioning. The client is believed to be the expert on his life, and that thesis leads the general direction of the therapy. As a paradox, the therapist takes a non-directive role in the therapy.

This discrepancy invites discussion. It calls into question the methodology of the therapy. On one hand, there is a need for guidance by the therapist; on the other, essential elements are left in radical competence of the client, that is, his competence regarding his life situation and 'necessary knowledge for analysis of

life problems and for making necessary changes' (Morgan, 2000). Seen from this perspective, the principle of narrative therapy as fundamentally non-authoritative sounds challenging, and even extreme. The thesis causes a hermeneutical loop, and speaks against the idea of therapy itself.

If you follow this pattern, the replacement of the old dominating narrative by the new alternative will not meet the problem issue which caused the crisis. At least it will not be a solution or abolition in essence. Only the surface of it will be touched. Sooner or later, the newly proposed narrative will exhaust its resources, and the need to replace it will arise again. In the new alternative narrative, the client will repeat the same faulty causal chain that haunted him in the dominant narrative until now. The structure of thinking, the sequence in which the author of the narrative arranges the events of his life, will remain unchanged. The old saying of the walker who 'steps on the same rake' may be recalled. The wholeness and unity of the story are secured by identifiable patterns of events (Sarbin, 1986). A growth mindset is needed, which can be developed by allowing him to try again (Porter et al., 2022). The replacement of the dominant narrative with an alternative should not be seen as a positive solution, and the long-term effectiveness of the therapy remains doubtful.

A change of narrative does not guarantee sustainability, due to its limits that will not cover the whole personality spectrum. The mere replacement of narratives will not prevent a return to the rejected old narrative, i.e. the mere change does not prevent self-sabotage.[2] In this context, it will be appropriate to quote a warning from the New Testament: 'When the unclean spirit has gone out of a person, it passes through waterless places seeking rest, but finds none. Then it says, "I will return to my house from which I came." And when it comes, it finds the house empty, swept, and put in order. Then it goes and brings with it seven other spirits more evil than itself, and they enter and dwell there, and the last state of that person is worse than the first**'** (Mat. 12:43–45). Self-sabotage is unavoidable if 'cleansing' was incomplete.

The solution remains hidden within the structure of the narrative. The traditional approach to narrative therapy prefers to deal with the mere registration of facts pulling the client in a straight line deeper into his crisis context. This given approach cannot give satisfactory answers to the most important questions: Who am I? Why do I choose to act in that particular way? Where do I turn when I make my choice between alternatives? etc. That is why the narrative therapy approach has been criticised, and not in vain: it sticks to social constructionism, claiming

[2] 'Self-sabotage is more or less conscious or unconscious thoughts and actions that prevent you from achieving what you want, hindering your path to success, better physical and mental health, and building relationships' (Elsiņa).

that there is no absolute truth, but only socially sanctioned opinions. Unfortunately, narrative therapists are involved in prioritising the client's interests over some externally 'imposed' or 'dominating' cultural narratives (Minuchin, 1998; Doan, 1998).

3. Narrative structure

Basically, the narrative consists of the client's story about events organised chronologically, i.e. as a horizontal line. The sequence of events triggers a purposeful quest for an answer to the question: how did it reach a crisis? What is the sequence of events taking me to the therapist? That turns a horizontal line into a vertical search for causality, which is not exhausted by chronological order alone. Life events are mixed in twist, and causality is not obviously flat.

T. Sarbin names the following functions of the narrative: people think, perceive, imagine, conceive, and interact *by use of specialised narrative structures* hidden below the flat presentation. The structure is built around the preferred chain of causal relationships. To justify the thesis, he gives a rather simple example: if a person sees two or three pictures, he connects them by creating their connecting 'history' in a particular structure. It takes us to the inevitable conclusion that some kind of 'internal' story is in use, and that internality is not always within reach of the presented story. The importance of the hidden story should be stressed, because narrative is the method by which the client organises and assesses episodes and actions; consequently, it unites the facts and fantasies of reality, as well as time and space (Sarbin, 1986). It is subjective by definition. Determining causality is a difficult problem, because it is not always clear which event is the cause and which is the effect. T. Sarbin argues that narrative is the 'organizing principle of human activity'; narrative permits the involvement of the action together with the causes of subsequent actions.

People have always been trying to structure the flow of their life experience. Following this principle, a somewhat different portrait of the narrator appears. The narrator differs from abstract and dead metaphors operated by machines. A complex narrative twist draws more on the human identity and individuality of the author. Narrative stories comprise dreams and hopes, fears, fantasies, plans, memories, love, hatred, and daily rituals, and they seemingly disappear from sight in order to show up later seemingly without a reason. Narrative stories are multilayered, and they take us to the next question about the narrator's personal identity.

The identity is more complicated than the formal presentation of the sequence of life events. Although the process of deconstruction of the negatively saturated dominating narrative is replaced by the empowering one, which focuses on positive strengths and alternative experience, the identity remains hidden beneath the outward performance, and requires penetrating analysis before the therapy starts.

4. The identity issue

Narrative specialists agree that the concept of identity in therapy is important.[3] Narrative identity is a construct of a life story where the past, present and future are integrated, and they all constitute an awareness of the self. The past is memories, but memories are affected by the present when the story is composed. Present experience affects the reception of the past. People are unable to remember past events adequately: their memories tend to be selective. The same applies to the analysis of future prospects.

Because a personal story is created in interaction with a personal reading of both the social and cultural context, and consequently its meaning is created by cultural values and language, the personal identity of the narrator may disappear from the focus of the therapy. Personal identity may be lost behind social contexts and determinants. The conviction that an individual turns to his 'real me' in the hope of overcoming difficulties lacks sufficient proof.

In this situation, the issue of the content of identity remains vacant. Postmodernity and social constructionism presuppose that identity is primarily social, and it is subject to change because of the choices people make. The postmodern foundation tries to avoid the thesis that there is some kind of 'real me' or 'real nature' (White, 2007).

This thesis brings us to the conclusion that social constructionism does not help to reveal the real problem of the narrator. Although narrative therapy is used in social work practice, there is no clear methodology for how to approach the object of therapy. Which strata of the narrative should be addressed? And when, and on what condition? In narrative therapy, causality is not seen as a fixed and objective, but rather as a subjective, contextual process where people construct meaning by identifying cause-and-effect links in their personal stories. Does narrative therapy provide the means for nuanced communication in caring for essential layers of the personality? The question is also, how does the narrator relate to the history (and present, and future) of the narrator if everything he or she shares is subjected to the reconstruction dialogue? What is the actual narrative construction when it is

[3] 'Identity is shaped by the stories we tell ourselves about who we are, where we come from, and what we stand for' (White, Epston, 1990; Combs, Freedman, 2016; McAdams, Janis, 2004).

more a *reflection of the performative discourse* than an attempt to describe actual episodes, relationships and circumstances in life?

5. Narrative layers and communication

The limitations of narrative therapy include its heavy reliance on a client's language and self-awareness skills, making it unsuitable for clients with communication challenges or cognitive difficulties. The non-directive nature of the approach and the philosophical basis can be a challenge for clients seeking clear answers, or for those who prefer a more structured, expert-led therapy (Understanding the Boundaries).

Narrative research in the social sciences has become central to the theoretical and methodological research of subjectivity and its presentation. We call it 'narrative turn' (Bamberg, 2011; Hammack and Cohler, 2009; McAdams, 1993; Stanley and Temple, 2008). Since the 1970s, philosophers, psychologists and sociolinguists have emphasised that the bonds between the subjectivity of a person and narrative wrapping are inseparable (Bruner, 1987; Labov and Waletsky, 1997; Polkinhorne, 1988; Ricoeur, 1992).

Three premises should be remembered in practical dominating narrative reconstruction:

1. The most important is the assumption that *language is a mediator* by which we make our social experience known to others. On this premise, our experience of the social reality always demonstrates the influence of the dominating discourse where language plays a mainly performative role (with a note that the representative role is often exaggerated). This assumption is related to.
2. The premise which deals with relationships between the language, reality and human knowledge: *human knowledge is a reduced construction of the reality, rather than a full-scale representation of all aspects.*
3. The third premise postulates *dependence on language*: the personally created 'textual' foundation grows from the social construction of reality. Its narrative dimension is deeply interwoven with the language characteristic of belonging to a particular space and time.

If these assumptions are true, then the question arises, are the therapist and his client competent to communicate about a real situation at a given time? Which layer of the client's reality is communicated if everything that both parties discuss contains performative content? Dealing with the analysis of the 'self-as-text', where do we locate the identities of the dialogue partners? Each narrative is made of two basic elements, the dominating narrative and the alternative, and the mix-

ture comprises several elements: 1) narrative as a *presentation of the self*, unlike the stability of the 'I'; 2) narrative as a *creative achievement*; and 3) narrative as an *intersubjective presentation* of a particular time and space. Consequently, the therapist must take into account the performative aspect, the creativity aspect, and the internal or intersubjective aspect of the narrative. These aspects only partially cover the identity of the narrator.

In the narrative deconstruction, he therapist focuses on the way the client speaks about his life events: 1) external facts; 2) his personal subjective attitude to those events. And he may be mistaken! Postmodern narrative therapy focuses on the description and assessment offered by the client, but it does not correspond to reality itself, because the narrative was composed as fitting the client's interests, who may not be eager to change the fundamental causality structure of his life. We will come back to this in the last chapter of the article. Causality as a human's innate ability to understand and apply cause-and-effect relationships is a defining aspect of human cognition and a driving force for exploration and intervention. If the client's problem is constructed following his personally engaged presentation, the therapy process will be lost in the endless complimentary conversation serving the client's egoistic interests.

Consequently, the therapy process may be misleading: it deals not so much about what has really happened in the client's life, but rather about how the client has perceived it and presented it to the listener. Both dominating and alternative elements are saturated with subjective reflection. We are dealing with construction created by the obstacles of life, both social and interpersonal reflections, and an (in)ability to accept them, to sort them, and reject assessments of the client's life events. For example, let us recall the addicted gambler characterised precisely by the Russian writer F. Dostoevsky and the French writer J. P. Sartre. Notwithstanding the fact that the gambler has promised to quit playing several times, he goes on to admit that it is vain to rely on his own decision to quit the habit and stay away from the card table. He agrees that he has to repeat his decision several times again but without success. Later, when he talks about the episode to his therapist, he describes it in representative terms, although *the focus of the intervention should be on the performative aspect of the story*.

How to hit the target?

First, the gambler should understand the conditions on which his narrative has become meaningful. Narrative therapy suggests that it may be done through externalisation. This means that the bond between the *subject, overwhelmed by the urge to play, and the subject, i.e. the author of the narrative, who identifies himself with the decision to quit playing*, must be cut. The gambler develops a clearer understanding of the real situation. The gambler's nausea will be reduced only if he

understands that in his decision to quit there is nothing to hinder him from going back and starting another gambling session. In order to cut off the urge, he or she must recognise the dynamics of his decision once he returns to the card table and takes further steps in his life. Externalisation is the only way to do it.

Second, the focus of externalisation is aimed at the internal content of the reflective analysis and the experience of the meaning ascribed by the client's narrative construction. Its content is the key to understanding how people experience problematic episodes or obstacles. Consequently, the emphasis moves on to what is the *testimony of their story*, or to put it another way, to the client's attitude to the episodes under question.

For this purpose, narrative therapy pays special attention to so-called unique episodes or moments. They contradict the overall narrative saturated with the one-sided presentation of personal problems. Unique episodes are treated as signals of the presence of the alternative narrative which may be unacknowledged by the narrative's author. Unique episodes reveal both the strengths of the client and his potential to realise them, as well as his emotional vitality beyond the downgrading chain of events. Unique episodes may help to discover possibilities to get closer to a more positive alternative narrative which the therapist may urge him to accept (Draucker et al., 2016). Externalisation leads to the point where the client begins to view his problems and actions as an external 'story', rather than the unchanging internal quality of personality. In other words, externalisation helps to avoid the destructive identification of mistakes and wrongs with the client (internalisation). The goal of narrative therapy is to *separate the client from his problem.*

It is a technique that is easier to describe than to implement. The question is: where do these critical points come from? The answer has a great impact on how we perceive human identity. Actions are performed by people, and detachment is a challenge. The idea behind externalisation is that it is much easier to change human behaviour than essential personal qualities. For example, if the client is hasty to act, or he admits to being angry, he should change something within in order to solve the problem; whereas if he is aggressive and quick to anger, what he should change is the situation and his behaviour around the fact. The difference may seem inessential, but there is a *big difference between a man who thinks of himself as a 'problem' and one who acts problematically*. The core concept of externalisation is to 'de-problematise' the person by separating them from the issue. For example, a person struggling with depression is not a 'depressed person', but a person who is experiencing depression.

The question is: what should the focus of intervention be? The narrative or the person?

At first, the client may take it as a challenge to accept that strange idea. The first step might be not to put too much emphasis on self-assessment. It gives an opportunity to discover that the separation of the client from his problems is empowering, because it allows him to take greater control over his own identity (Bishop, 2011). Making a difference between an 'individual with problems' and a 'problematic individual' in narrative therapy is vitally important. White and Epston theoreticised that ascribing a harmful or unfavourable identity may have a negative impact on the functioning of the personality and the quality of life. 'Problem is a problem, and person is not a problem,' stress the key authors in narrative therapy (Michael White and David Epston). Narrative therapy separates the man and his problems, and treats him as a whole and functioning individual that follows certain patterns of thinking and behaviour and wants them to change. This methodology helps to separate from the 'internalised' thinking and see the problem from the position of the social context, and to construct and apply the identity which is preferable in that particular situation. For this goal, externalisation is necessary, since it brings the strengths and the positive qualities of the alternative to the foreground (Jagatdeb et al., 2024). Perhaps it is optimism embedded in the narrative therapy method that makes us presume that by externalisation the person will be freed from the poison of his past. Commit your bad memories to paper, and your memory will be empty to be filled anew with a promising alternative. A comparison with the external memory of a computer will illustrate this: once the internal memory is full, information has to be transferred to an external memory holder. We just wish it was that simple with obsessed human clients!

So the question is: what is to be the object of intervention, the narrative or the person behind it? Narrative therapy is not qualified to secure sustainable changes, because the new alternative will exhaust its resources, and the vacancy will be open again. In that case, the narrative therapy method itself comes to a dead end along with its postmodern background, and is ironically at risk of becoming an ageing dominating narrative without a future. The logic of therapy pushes it out into the territory of sheer diagnostics, whereas the creation of a positive and sustainable alternative should be searched for somewhere else. Some authors suggest the use of 'narrative psychiatry', which brings together narrative and biological understandings of human suffering and well-being. Rather than focusing only on finding the source of the problem, narrative psychiatry also focuses on finding sources of strength and meaning. The result is compassionate, powerful healing (Hamkins, 2013; David, Moltz; Crossley, 2009). With its medical model and focus on disease and disorders, narrative psychiatry seems very far from the traditional practice of psychiatry.

6. The offer of Patristic anthropology

Even though the suggested externalisation method in narrative therapy may be effective, the author doubts it covers all aspects of the human being when it comes to decision making. The question is: how to choose the 'right' alternative narrative which corresponds to the personal identity if only plain narrative data are used? How to secure against the threat that the new alternative narrative will turn out to be the same wrong choice as the old dominating narrative that the client turned down? What ascribes identity to man, and how does the identity shine through the narrative story? On what foundation does man build an awareness of his 'I'? On what basis does he or she define his wrong, i.e. unstable, identity? Perhaps when he defines it according to roles or achievements mentioned in his CV, or his identity may be defined as belonging to kin and nationality, the history of his career or universities graduated from, family status, or being a parent? Identity may be defined as a political affiliation or a sexual orientation. Self-awareness may be defined as wealth (or the lack of), achievements (or failures), attention (or rejection), self-esteem (or the lack of it), etc. None of these deserves the identification of a permanent 'identity'.

The author proposes a model of self-awareness rooted in the view of man presented in the Biblically based Patristic anthropology. It does not discuss unrealised intentions, but deals with difference between the unrealised image and likeness of God on the one hand, and the present condition of personality on the other. The image and likeness of God (*imago Dei* in a theological context) is a platform against which human potential is seen. The model is available if the narrative therapy taken is 'preformative' (i.e. which forms or shapes something that comes later) (Collado, Boden-Stuart, 2022).

The construction of therapy based on Patristic anthropology does not propose building on a subjective understanding of the client's resources alone. The image and likeness of God is an ontological entity which may be latent, but it can be awakened by the client himself.

Neither a traditional narrative therapist nor a narrative psychiatrist is fully qualified to master the task. Success depends more on the client himself in his inner life with regard to the transforming power. As S. Gerasimov puts it, 'the performative is created under pressure from various external factors associated with the system of public communications, to which the author is exposed, and a multitude of reasons that reflect in his or her mind external processes' (Gerasimov, 2020). Inner resources must be accessed, and accession is impossible by the use of mere social and public communication and presentation in classic narrative therapy.

Therefore, the thesis that 'the best expert is the client himself' seems outdated. It is the client's world-view that is important for therapy, as well as the context that models both self-awareness and the content of the intervention. Postmodernity, with its slogan 'everything goes', cannot ensure sustainable therapeutic results.

A central part of Patristic anthropology confession is the acknowledgment of sinful thoughts and actions. In both Roman Catholicism and Eastern Orthodoxy, it is recognised as the Sacrament of Penance (Mulhall, 2018). The Sacrament is followed by absolution, and to receive it validly the penitent must make a sincere confession of all known sins not yet confessed to a priest in the Church, and express his or her rejection of wrongs.

However, it is not just a formal act; it is an expression of general human activity in a crisis situation. It is characteristic for man to share his thoughts and feelings. Sharing also sorts out what he thinks about the messy situation he is in, and motivates him to seek the social causes and roots of the crisis and take responsibility for his own decisions. Sacramental introspection touches the innermost content of the personality, and invites the penitent to 'feel sorry about it'. In essence, it is repentance, and a new narrative follows. The spiritual bond with the spiritual guide secures assistance with growth in Christ and through *theosis* (in Greek, the term means 'divinisation', or 'making divine'), and is the transforming effect of Divine grace. The bond between an Orthodox Christian and their spiritual father is so deep that no legal official can override a spiritual guide in criminal cases. The construction of the new alternative narrative is a motivator of change for good and personal adequacy.

For the construction of the alternative narrative, Patristic anthropology uses the term *metanoia* (Greek) or 'great transformation'. It is an inner transformation, a 'change of mind', 'thinking over which leads to consequences'. In Christian practice, it is achieved by the confession of sins related to absolution as a Sacrament in the Church. However, it is not an event, it requires a fundamental replacement of the world-view (New Testament Repentance; Pope Benedict XVI, 1987). The term is used widely in theology, psychology and psychotherapy to describe rebirth, resurrection, and also an opportunity to regain one's true self (Власова, 2010).

The task of the therapist remains the same: to reveal the dead end of the former dominating narrative perspective. In a Christian setting, it is termed a 'sin' (false identity). The separation of the client from the old dominance of sin and freedom to choose an alternative path is down to the client. The concept requires the transfer of components of the personal identity from external social contexts to the inner world, where the human will abides along with God's Presence in His creation.

This construction is based on the practice of the Eastern Church, and it is also known in the West. It is a dialogue between a spiritual teacher and the disciple,

especially at the beginning of the process until the decision-making. For this reason, the Church, both in the West and the East, sees the confession of sins and subsequent absolution as a Sacrament, not only with the goal of rejecting the former narrative as a mistake (sin), but also to prevent internalisation in order to mobilise 'starting from scratch' by actualising imago Dei as a meaningful resource for personal rebirth. As St Paul wrote: 'If we died with Christ, we believe that we will also live with him' (Rom. 6:8; 2.Tim. 2:11). In this context, narrative therapy agrees that everything a person imagines as possible is also possible, that is, the 'creative' aspect of the narrative (Narrative Therapy: Making Meaning, 2007).

Conslusions

1. Narrative therapy follows the postmodern premise that a person coexists with several socially determined identities. Their replacement provides a way out of a crisis when the dominant old narrative has exhausted its resources. The person experiences the loss of resources as a crisis.
2. Classic narrative therapy offers externalisation, which means separating the client from the dominant narrative that has exhausted its resources. In other words, the problem is viewed not as a dead end for the client, but as a dead end for the wrongly chosen narrative. Finding an alternative means that the person has sufficient resources to overcome the crisis, and the person himself stores these resources in the subconscious.
3. The resource of Patristic anthropology offers a positive way out of the subjectivism that overshadows the postmodern approach to man. By accepting that multiple identities coexist in man (which is determined by the biblical thesis that man is created 'in the image and likeness of God', i.e. simultaneously close and at the same time distant from God), the practice of the Sacrament of Penance in the Church ensures a rapprochement with the ontological resources of man's spiritual life, avoiding superficially social constructions.
4. The alternative narrative should not be seen as a new, previously unused series of life episodes, but rather as an alternative view in a chain of crisis situations. The client is not disoriented in his/her own life space, but is invited to mobilise his internal resources for the creative solution of life's challenges. Such a solution cannot be implemented with the externalisation adopted in traditional narrative therapy. Patristic anthropology offers analysis and solutions by recognising the internalisation of the narrative.

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